

# SUMMARY FORM

## COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

### Section I: Agreement Details

Public Employer: Borough of Bergenfield County: Bergen  
Employee Organization: Bergenfield Employee's Association (DPW) Employees in Unit: 39  
Base Year Contract Term: 7/1/2007 6/30/2011 New Contract Term 7/1/2011 12/31/2014  
Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

	Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
<b>Section II: Economic</b>		
Item 1 ..... <u>Salary</u>	<u>\$2,462,990</u>	<u>\$2,462,990</u>
Item 2 ..... <u>Increment</u>	<u>\$0</u>	<u>\$0</u>
Item 3 ..... <u>Longevity</u>	<u>\$100,646</u>	<u>\$100,646</u>
Item 4 ..... <u>Clothing Allow.</u>	<u>\$29,250</u>	<u>\$29,250</u>
Item 5 .....		
Item 6 .....		
Item 7 .....		
Item 8 .....		
Item 9 .....		
Item 10 .....		
Item 11 .....		
Item 12 .....		
Any additional items list on separate sheet Additional Items		
<b>Section III: Totals</b> - Sum of costs in each column	<u>\$2,602,704</u> (Total)	<u>\$2,602,704</u> (Total)

### Section IV: Analysis of new successor agreement

### NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement)	<u>\$2,602,704</u>				
Effective Date (m/d/yyyy)	<u>7/1/2011</u>	<u>1/1/2012</u>	<u>1/1/2013</u>	<u>1/1/2014</u>	
Percent Increase .....	<u>0</u>	<u>\$750</u>	<u>\$750</u>	<u>\$750</u>	
Total cost of Increase ..	<u>\$0</u>	<u>\$30,465</u>	<u>\$30,465</u>	<u>\$30,465</u>	
Total base salary (successor agreement) .....	<u>\$2,602,704</u>	<u>\$2,633,169</u>	<u>\$2,663,634</u>	<u>\$2,694,099</u>	

### Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement)	<u>0.87</u>
Dollar Impact (average per year over term of agreement)	<u>\$22,848.75</u>


### Section VI

#### Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1			
Cost of Health Plan .....	<u>\$473,023</u>	<u>\$520,961</u>			
Employee Contributions .....	<u>\$5,038</u>	<u>\$40,489</u>			
Prescription .....	<u>\$127,515</u>	<u>\$138,883</u>			
Dental .....	<u>\$35,416</u>	<u>\$28,837</u>			
Vision .....					

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

### Section VII

Prepared by: Frederick L. McGarril Title: Administrator  
 Date: 12/6/2012  
Signature